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In 1948, the number of malaria cases dropped 19.5 percent compared to 1947, and more than 28 percent compared to prewar figures. Best results have been achieved in the Azerbaydzhan, Georgian, Armenian and Turkmen SSRs.

The USSR antiepidemiological service is closely connected with the Public Health Service, and many of the reform measures put into effect to improve the Public Health Service were responsible for the noticeable decrease in the number of malaria cases.

A recent report submitted at the Moscow All-Union Conference on the Control of Malaria, emphasized the need for a rapid elimination of this disease. The antimalaria program must not be a haphazard one but must be planned as carefully as any major military campaign. Failure to plan properly will only lead to setbacks, such as were experienced in the Dnepropetrovsk, Stalinsk and Zhitomir oblasts of the Ukraine, and the Moldavian and Karelo-Finnish SSRs.

The public health organizations of the Moldavian SSR are receiving much aid from the Ministry of Public Health USSR; however the program is not succeeding as well as it should. Much of the trouble is due to lack of cooperation between local antimalaria stations and the antiepidemiological centers in large cities.

Nevertheless much is being accomplished. For example in the city of Kalinin a special educational program is being organized. Malarial patients are treated efficiently and effectively. Records of cases in 1943 show that 30 percent were hospitalized, while more than 95 percent were treated in dispensaries. Results have been very gratifying. In 1948, the number of malarial patients dropped by 26.6 percent. There was a 40 percent drop in the industrial regions of the city.

Public health officials are attempting to introduce a comprehensive antimalaria program which will not only decrease the number of malaria patients, but will also reduce the number of days lost due to malaria.

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The dispensary method of dealing with malaria has been very effective. Here each patient is studied as an individual, and personal treatment is prescribed. After his release from dispensary, each patient is examined once every 18-20 months.

Much work is still necessary to improve the hospital network. Particular attention must be given to increasing the agricultural therapeutic institutions. Dispensaries should be equipped for handling tropical malaria patients as well as patients afflicted with quartan malaria. The guiding principle in all cases must be "No patient should be discharged as long as blood test indicates positive malarial reactions."

Chemiotherapy is aiding Soviet malaria fighters in their campaign. Among their resources are such medical preparations as atabrine, plasmooid, "bigumal" and atabrine sugar for children. However, these medicines alone do not bring the desired result. Their use must be supplemented by large-scale elimination of breeding places of the malaria-transmitting mosquito. The peoples of the USSR have adopted the antimalaria program enthusiastically. Antimalaria stations in Altay Kray, Rostov Oblast, are among the best in the nation. The army of antimalaria workers is growing constantly, and if successes in the past are any indication, malaria will soon be completely eliminated in the USSR.

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